

Rhode Island Vaccine Advisory Committee Meeting Minutes
Rhode Island Department of Health, Room 401
Tuesday, January 20, 2009

Attendance

Members Present: Elizabeth Lange, MD (Chair), Sarah Fessler MD, Nathan Beraha MD, Penelope Dennehey MD, Gail Davis RN, Richard Ohnmacht MD, David Chronley MD

Members Not Present: Dinusha Dietrich MD, Patricia Flanagan MD, Fredric Silverblatt MD, Boris Skurkovich MD

RI Department of Health (HEALTH) staff: Peter Simon MD, Medical Director; Patricia Raymond, Chief, Office of Immunization; Mark Francesconi, Vaccine Manager; Kathy Marceau, Education/Outreach Coordinator; and Virginia Paine, Adult Immunization Program Manager

Presenters: Michelle Goveia MD (Merck), Remon Abu-Elyazeed MD (GlaxoSmithKline)
Michael Decker MD (Sanofi Pasteur)

Dr Lange opened the meeting at 7:30 AM. Dr Lange reviewed the purpose of the Rhode Island Vaccine Advisory Committee (RIVAC) is to advise the Director of the Department of Health (HEALTH) on clinical or practice concerns with regards to vaccine policy and procedures and that final decisions will be made by HEALTH.

2007 National Immunization Survey (NIS) Results

NIS updates and proposed initiatives to improve immunization rates:

- 2007 DTaP4 coverage rates fell below 90%, decreasing from about 95% in 2004, to 85% in 2007
- Downward trend due to the decline in timely completion of the 4th dose of DTaP by 19 months
- HEALTH requesting support/feedback from RIVAC on 2 initiatives with goal to increase rates:
 1. Immunization reminder/recall program to capture children who are behind at 20-month interval
HEALTH to offer service to select practices with low coverage rates
 2. “Timeliness” Schedule Initiative: initiative promotes a simplified immunization schedule. Scheduling vaccinations at the earliest age of the recommended age range (ex. DTaP4 at 15-mos vs 18-mos)
would be recommended to prevent missed opportunities and keep immunizations up-to-date

School Immunization Requirements

- Proposed amendments to school immunization regulations to require 2 doses of varicella vaccine for kindergarten and 7th grade entry, and 1 dose of Tdap and Meningococcal vaccines for 7th grade entry

24/7 Vaccine Storage Temperature Monitoring Service

- Discussion on temperature monitor devices currently being used in the field:
- Presently use combination of Dickson, Graph/Chart thermometers and data loggers supplied by HEALTH
- Disadvantage to both devices is that they are reactive type devices---will only know if there is a temperature problem when monitor checked--if vaccines freeze will be lost
- HEALTH is researching a 24-hour vaccine monitoring service—including cost of implementation and monthly monitoring service
- Cost breakdown of different types of temperature monitors provided
- Difference between 24-hour monitoring service vs. the other devices currently utilized is it is a proactive type of monitoring with ability to set notification when temperatures reach breach point
- Practice/clinic would be required to have a “call list” to notify designated contact

- HEALTH will meet with health plans in February to discuss cost of purchase and installation of devices
- Insurers or providers would need to pay the monthly service cost--approximately \$15.00
- A record of any alarms faulted would be communicated back to HEALTH allowing for immediate follow-up.
- Beneficial to health plans, and Dept of Health for federal (VFC) vaccines, and to providers to avoid restitution policy costs for vaccine negligence
- Examples of negligence provided included leaving the refrigerator door open and leaving vaccine unrefrigerated
- Examples of mechanical failure or power outage noted as not negligent
- Cost analysis reported: Dickson chart recorders and Data loggers require recalibration every 2 years. Calibration fees range from \$75.00 - \$175.00/unit. 2 Dixon black boxes in the refrigerator would cost \$150.00 - \$350.00 every 2 years
- The service fee for the 24/7-monitor system is about \$180.00/year

Vaccine Manufacturers Presentations

Merck Presentation: Michelle Goveigh, Medical Director, presented on RotaTeq vaccine

Glaxo Smith Kline (GSK) Presentation: Remon Abu-Elyazeed, Clinical Research Physician presented on Rotarix and Kinrix

Sanofi Pasteur Presentation: Michael Decker, Medical Director presented information about Pentacel vaccine

At conclusion of presentations, RIVAC members requested demonstration application of the rotavirus vaccines followed by discussion including:

- Ease of administration for both types of rotavirus vaccines
- Volume of each rotavirus product
- Vaccine storage requirements for each product
- Head to head vaccine efficacy studies

The presentations and Q&A session with pharmaceutical participants in attendance concluded at 8:30.

Feedback survey completed by members.

The Chair adjourned the meeting at 8:48 am